

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE							
							APPLICANT(S)								
CLAIMS															
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.									
1							51								
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47							97								
48							98								
49							99								
50							100								
TOTAL IND.	1						TOTAL IND.								
TOTAL DEP.	8	↔		↔		↔	TOTAL DEP.		↔		↔		↔		
TOTAL CLAIMS	9						TOTAL CLAIMS								